

DEPARTMENT OF HEALTH SERVICES

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October 24, 1997

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 97-41

**SETTLEMENT IN THE CASE OF PRINCIPE V. BELSHÉ - REGARDING RETROACTIVE
SPENDDOWN OF EXCESS PROPERTY ON MEDICAL EXPENSES**

Ref: Medi-Cal Eligibility Procedures Manual, Section 9L

Overview

The purpose of this letter is to instruct counties to implement effective with applications received on or after February 1, 1998, the following provision which is part of the settlement of Principe v. Belshé. This provision, as described in detail below, will allow individuals to spenddown excess property retroactively. Individuals will be eligible to retroactively spend excess property on **qualified medical expenses** to establish eligibility for Medi-Cal beginning with the month of application. Once the qualified medical expenses are paid, the county eligibility worker **shall exempt** the same otherwise excess property (and its conversion to cash for payment) which was eventually spent on the qualified medical expenses. The exemption shall be applied during a month (or months) beginning with the month of application in which the otherwise excess property existed for the entire month and grant eligibility for that month as otherwise eligible.

Very Few Individuals Affected

Principe v. Belshé will affect very few people. Principe v. Belshé does not impact those who have excess property, are able, and do reduce that excess property during the same month, or those who do not have the legal capacity to do so.

- Those individuals who are able to reduce their excess property do so because in doing so, they may reduce their excess property in any manner they see fit and as long as they are not institutionalized, there is no penalty for making a transfer(s) without adequate consideration.
- In addition, current policy allows an individual's property to be considered unavailable under All County Welfare Directors Letter (ACWDL) 90-01, Section 50402 whenever the individual is unconscious, comatose or incompetent at any time during the month since that individual would not have legal capacity to liquidate the property. **Remember: counties must continue to consider availability first before including property in the property reserve.**

Therefore, Principe v. Belshé will affect only those individuals who, although they were not unconscious, incompetent or comatose, were unable **for whatever reason** to reduce their excess property during the month of application or some later month during the application process.

Definitions

Qualified Medical Expenses - Qualified medical expenses are bills that are incurred in any month by:

- the individual or spouse,
- any member of the individual's Medi-Cal Family Budget Unit (MFBU), or
- the individual's children who are not members of the individual's MFBU but who are living with the individual,

That are unpaid in the same month where there is also otherwise excess property for the entire month beginning with the month of application.

NOTE: The same medical expenses cannot be applied under both Principe v. Belshé and used to meet the share of cost or applied to share of cost under Hunt v. Kizer.

Principe Property Exemption - The Principe property exemption is an exemption which is applied to otherwise excess property after that excess property has been spent in a later month on qualified medical expenses. The otherwise excess property must have existed for an entire month or months beginning with the month of application.

- The otherwise excess property may have to be converted to cash before it may be spent on qualified medical expenses. In those cases, the cash conversion receives the same exemption for the period of time before it is applied to the qualified medical expenses.
- Once steps are taken to liquidate property, it is to be considered unavailable in accordance with ACWDL 90-01, Section 50402 and it may be possible to establish eligibility for the current month and on-going at that point if otherwise eligible.
- The exemption does not exceed the amount of otherwise excess property. If an individual spent property which was not excess on his/her medical expenses, he/she may be entitled to reimbursement from a Medi-Cal provider if Medi-Cal eligibility is eventually established for the month in which the service was rendered.

Principe Month - A month or months beginning with the month of application during which the Principe property exemption has been allowed. The exemption may not be applied to any of the three months immediately preceding the month of application.

The Principe v. Belshé provision:

- applies to individuals who have otherwise excess property for the entire month but who are otherwise eligible,
- limits the month in which the Principe property exemption may occur to no earlier than the month of application (i.e., it may not be one of the three months prior to the month of application),
- allows these individuals to spenddown retroactively on qualified medical expenses by applying a Principe property exemption in a month where there is otherwise excess property,
 - only when payment of those qualifying medical expenses with the excess property occurs in a later month, and
 - verification of payment is provided to the county.

NOTE: The requirements listed above have to be met before eligibility is granted for the month throughout which the otherwise excess property existed.

Similar Policy Already in Place for Spenddown Occurring During the Month

Medi-Cal currently has a process in place that is used whenever an applicant or beneficiary reduces excess property in a month by paying, in that same month, current or future medical expenses in order to establish eligibility in that month (Medi-Cal Eligibility Procedures Manual, Section 9L, "Excess Property Applied to Medical Bills"). Such medical expenses are not covered by Medi-Cal. To ensure this, the individual provides verification of payment and the county completes a form (MC 174). This form lists the medical expenses, the provider who was paid and contains a warning that it is against State law for the provider to bill Medi-Cal or to reimburse the beneficiary for the expenses listed, since the payment was made by the applicant/beneficiary in order to establish eligibility. The form is in triplicate. One copy is sent to the provider, one is provided to the applicant/beneficiary and the third copy is retained in the case record to provide an audit trail.

Principe v. Belshé is to be handled in the same way that we currently treat spenddown of excess property which occurs in the month on medical expenses. Counties shall follow the Medi-Cal Eligibility Procedures Manual, Section 9L, "Excess Property Applied to Medical Bills" to ensure that providers do not bill Medi-Cal for these services and that individuals do not receive reimbursement of payments for these medical expenses.

A **typical case scenario** would involve a single individual who is hospitalized during the last part of a month, who has no one else to handle his/her affairs and who submits an application for Medi-Cal to an outstationed eligibility worker during the same month. The individual owns excess property for the entire month of application and is unable to spenddown before the end of the month. The individual is not unconscious, comatose or incompetent at any time during the month so the property cannot be considered unavailable under ACWDL No. 90-01, Section 50402. However, assume the individual was able to spenddown the excess property on the medical expenses before the end of the following month (in other cases it may take even longer before the individual is able to complete the spenddown of the excess property on medical expenses). When considering this person's application and applying Principe v. Belshé for the month of application, the county would exempt only the otherwise excess property during the month of application which **was spent** before the end of the following month on the qualified medical expenses.

If a number of months are included in the application process (the month of application to the month which spenddown on medical expenses is completed), then the county would exempt the total amount of otherwise excess property which was eventually spent on medical expenses from the property reserve in each intervening month. For example, if an individual was hospitalized during January and submitted a Medi-Cal application in the same month, but did not complete the spend down of excess property on medical bills until May, then the county would add the total of the amount of medical bills paid with otherwise excess property during the months of January through May. That total amount would be exempt and not included in the property reserve beginning in January and the exemption would be applicable through April. The individual would be within the property limits at sometime during the month of May, although eligibility for Medi-Cal would be established retroactive to January.

NOTE: Just as a reminder, Principe v. Belshé does not need to apply to Medi-Cal beneficiaries who have received Medi-Cal for some time and who are suddenly found to have excess property during an entire month resulting in an overpayment. Counties shall continue to follow the current overpayment process for Medi-Cal beneficiaries who have been found to be ineligible due to excess property for a month where eligibility was already granted. The amount of medical bills paid on behalf of the Medi-Cal beneficiary is determined and the amount of the overpayment is whichever is less, the amount of the excess property or the amount of medical bills paid in that month. If the full amount of excess property is the lesser amount, then the

beneficiary pays the excess property back to the Department for their medical expenses. This is essentially the same as the Principe provision.

Examples

The following examples are similar to those currently contained in Procedures Section 9L but restructured here to demonstrate how Principe v. Belshé is to be applied.

Example 1: A single father of two children went into the hospital and incurred \$10,000 worth of medical bills in that month. An outstationed hospital eligibility worker took his application for Medi-Cal during the month of admission, advised him of the appropriate Medi-Cal property limit and options for spenddown including the Principe v. Belshé provision. He was not discharged from the hospital until the month following the month of admission. He had \$5,000 in a savings account. He withdrew his money and paid part of his hospital bill in that second month. During a subsequent interview he states that he was in the hospital in the month of application and provides verification that the total bill was \$10,000. He also states that he paid \$5,000 of the bill with the money from his savings account. In addition to the \$5,000 savings account, he had a \$10,000 life insurance policy with a cash value of \$300 and a checking account with \$500, for a total of \$5800 of nonexempt property in the month of application.

The property reserve limit is \$3,150 for a Medi-Cal Family Budget Unit (MFBU) of three. The family was over the appropriate property limit for the entire month of application, however, is under the appropriate property limit by the end of the second month. The county must determine what portion of the \$5,000 spent on medical expenses represented otherwise excess property.

Property in the Month of Application:	\$5,000 Savings
	<u>800</u> Cash Surrender Value & Checking
	\$5,800 Total
Property Limit	<u>- 3150</u>
Otherwise Excess Property	\$2,650 Amount Included On MC 174
Amount Spent On Medical Bills	<u>- 5,000</u>
Excess Property Remaining	0
Amount Spent on Medical Bills	\$5,000
Amount of Principe Exemption	<u>\$2,650</u>
Amount That May Be Reimbursed or Used To Meet Share of Cost	\$2,350 Do Not List On MC 174

Therefore, of the \$5,000 this person paid toward his medical expenses, only \$2,650 was otherwise excess property which may not be reimbursed to the person. Under Principe, the county must exempt \$2,650 of the savings account for the month of application. If the person is otherwise eligible for Medi-Cal in the month of application, the county should complete the MC 174 informing the hospital that Medi-Cal is not liable for \$2,650 of the \$10,000 bill. If the family has no share of cost, the hospital must bill Medi-Cal for the services provided in excess of the \$2,650 which was paid by the beneficiary to establish eligibility. The hospital must reimburse \$2,350 (\$5,000-\$2,650) to the beneficiary once Medi-Cal pays the claim.

NOTE: None of the \$2,650 in medical expenses paid with otherwise excess property in order to establish eligibility in the example above could have been used to meet the applicant's share of cost if he had one or applied to the share of cost under Hunt v. Kizer.

Example 2: A single parent with one child applies for Medi-Cal in the middle of a month because his/her child was injured and incurred medical expenses amounting to \$800. Assume no income was, or will be, received in that month. The county provided the MC 007 but the parent did not complete spenddown during the month of application. This is a two person MFBU so the property limit is \$3,000.

During the face-to-face interview which occurs during the second month, the parent provides verification which indicates he/she had \$4,000 in a checking account during the month of application. At the time of the interview, the verification shows a balance of only \$2,400. When asked what he/she spent the excess property on, the parent says that during the month of application the rent was \$600, utilities were \$100 and groceries amounted to another \$100. In the second month he/she paid the medical bill of \$800. The property reserve limit is \$3,000; the nonexempt property is \$2,400. The family meets property limits in the second month. The county must determine whether there is excess property in the month of application and what portion of the \$800 paid on the medical bill was paid with excess property that existed in the month of application.

Property in the Month of Application	\$4,000	Checking
	- 600	Rent
	100	Utilities
	<u>100</u>	Groceries
	\$3,200	Total
Property Limit	<u>\$3,000</u>	
Otherwise Excess Property	\$ 200	Amount Included On MC 174
Amount Spent On Medical Bills	<u>\$ 800</u>	
Excess Property Remaining	0	

Amount Spent On Medical Bills	\$ 800
Principle Exemption	<u>\$ 200</u>
Amount That May Be Reimbursed or Used To Meet Share of Cost	\$ 600 Do Not List On MC 174

Therefore, of the \$800 paid toward the medical bill, only \$200 was excess property. In this case the county must exempt \$200 of the checking account during the month of application and grant the case as otherwise eligible. The MC 174 must be completed indicating that the beneficiary is liable for only \$200 of the \$800 bill. The hospital must bill Medi-Cal for the services in excess of \$200. The beneficiary may be reimbursed \$600 once Medi-Cal pays the claim or if the beneficiary had no income and had a share of cost some of the \$600 could be used to meet the share of cost.

(Example 3 was not restructured because it is no longer applicable.)

No Exemption to Establish Eligibility for Any of the Three Months Prior to Application Month

Principe v. Belshé has not changed State law. State law does not allow an individual to establish eligibility in any of the three months prior to the month of application by reduction of excess property (Medi-Cal still will not pay those bills). However, an exemption of otherwise excess property will be allowed as far back as the month of application, in an amount up to the amount of the qualified medical expenses. The applicant shall, in fact, be required to spend that excess property on the qualified medical expenses and provide verification of those payments **before** Medi-Cal eligibility may be established for the month or months the otherwise excess property existed.

Action Items

Counties shall implement the Principe provisions as instructed in this letter effective with applications dated on or after February 1, 1998.

- ✓ Counties must inform applicants during the face-to-face (and/or at screening if the county has a screening process) of the Principe v. elshé provision as a means to establish eligibility for a month (beginning with the month of application) where Medi-Cal is being requested whether or not there appears to be excess property. The eligibility worker shall provide the individual with the appropriate property limit and paraphrase the following information:

If you have property which exceeds the property limit for an entire month for which Medi-Cal is requested, you may still be able to receive Medi-Cal benefits for that month or months if you are otherwise eligible and you reduce your excess property by paying qualified medical expenses. Qualified medical expenses are bills that are incurred in any month by you, your spouse or any member of your Medi-Cal Family Budget Unit (MFBU), or your children who are living with you but who are not members of your MFBU. These are bills which were unpaid in the same month where there was also excess property for the entire month beginning with the month of application. You may not establish eligibility for Medi-Cal in this way for any of the three months immediately preceding the month of application.

- ✓ Counties must apply the Principe property exemption to whichever is the most beneficial or whichever the family chooses; the MFBU or MBU(s) if Sneede applies.
- ✓ Counties must complete eligibility determinations within the 45 and 60-day time limits contained in Section 50177 and send a denial based upon excess property. If the individual provides verification at a later date (up to three years from the date of the Notice of Action denying benefits) that excess property was spent on qualified medical expenses, the county must rescind the denial if the individual is otherwise eligible. In accordance with Title 22, California Code of Regulations, Section 50746, in those cases where billing may occur more than one year beyond the date of service, counties shall complete and send a Letter of Authorization (MC180) to the individual following the process contained in Medi-Cal Eligibility Manual, Procedures Section 14E . Counties shall check the box indicating that eligibility must be granted as a result of a court order.
- ✓ **All notices of action denying eligibility based upon excess property must contain the following statement:**

“IMPORTANT INFORMATION IF THIS NOTICE IS A DENIAL BECAUSE OF EXCESS PROPERTY AND YOU HAVE UNPAID MEDI-CAL BILLS: The MC 007 tells you about how this denial will be stopped if you use all of your excess property by paying medical bills that you owed during the month when you applied for Medi-Cal or after. This will not work if you wait more than three years. Ask your eligibility worker for an MC 007.”
- ✓ Once the county and the applicant have completed the MC 174, the county shall determine with the applicant whether any of the remaining medical bills paid by the applicant are to be applied to shares of cost for months during the application process. If

not, or if only some of the remaining medical bills will be applied to the shares of cost, then the county shall include a statement about possible reimbursement from the provider on the Notice of Action approving benefits. That statement shall state that

“IMPORTANT INFORMATION ABOUT GETTING REFUNDS FROM YOUR PROVIDER: State law says that your provider has to give you back whatever you paid for a medical service if that provider gets money from Medi-Cal for the same service. Your provider can not give you money back if you paid a medical bill with excess property to get below the property limit or if the money was part of your share of cost. Your MC 174 tells you about refunds. If you need another copy of your MC 174, ask your eligibility worker.”

Materials To Be Revised By Medi-Cal Eligibility Branch

- The MC Information Notice 007 (“Medi-Cal General Property Limitations for All Medi-Cal Applicants”) is currently being revised and will include a short discussion of the Principe v. Belshé option for spending down excess property in a later month to establish eligibility for a month which is no earlier than the month of application.
- The Medi-Cal Eligibility Procedures Section 9L, “Excess Property Applied to Medical Bills” (including MC 174 and Notice of Action language) will be revised to reflect the Principe v. Belshé provision.
- Title 22, California Code of Regulations, Article 9 will be amended to reflect the Principe v. Belshé property exemption.

If you have any questions on this issue, please call Sharyl Shanen-Raya at (916) 657-2942 or Kathy Harwell at (916) 657-0146.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

DEPARTMENT OF HEALTH SERVICES

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October 30, 1997

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 97-42

QUALIFIED AND NOT QUALIFIED ALIENS: IDENTIFICATION AND TRACKING REQUIREMENTS

Ref.: Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) Sections 401 and 431, Balanced Budget Act of 1997 (BBA) Subtitle D, Sections 5302, 5306, and 5571

INTRODUCTION

The purpose of this All County Welfare Directors Letter (ACWDL) is to inform counties of data systems changes to the "refugee/alien indicator" codes and the establishment of the "alien eligibility code" field on the Medi-Cal Eligibility Data System (MEDS). Additionally, this ACWDL identifies Qualified aliens, as defined by PRWORA, as amended by the Immigration Reform and Immigrant Responsibility Act of 1996, and as amended by the BBA, identifies Not Qualified aliens, and implements mandatory tracking requirements.

On August 22, 1996, President Bill Clinton signed the PRWORA into law. PRWORA limits Federal Financial Participation (FFP) to reimbursement for emergency services only for some Qualified and all Not Qualified aliens. Upon implementation of this ACWDL, California will have the capability of identifying and tracking aliens for which PRWORA limits FFP.

THIS ACWDL DOES NOT CHANGE, IN ANY WAY, THE MEDI-CAL BENEFIT LEVEL ANY ALIEN IS CURRENTLY ENTITLED TO RECEIVE.

QUALIFIED ALIENS

PRWORA has defined aliens in the following Immigration and Nationality Act (INA) categories as "Qualified" aliens. County eligibility workers must identify and track the following categories of aliens:

- Lawful Permanent Resident (LPR) aliens;
- Conditional Entrant (INA section 203(a)(7)) aliens;
- Parolees (INA section 212(d)(5)) with a period of parole over one year;

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- Asylees (INA section 208);
- Deportation Withheld (INA section 243(h)), as in effect immediately before the effective date of Section 307 of Division C of Public Law 104-208, or section 241(b)(3) of such Act, as amended by section 305(a) of Division C of Public Law 104-208;
- Refugees (INA section 207);
- Cuban/Haitian entrants as defined in section 501(e) of the Refugee Education Assistance Act of 1980;
- An alien with a pending or approved petition with Immigration and Naturalization Services (INS) under INA section 204(a)(1)(A), INA section 204(a)(1)(B), or INA section 244(a)(3), and who has been battered or subjected to extreme cruelty.

NOT QUALIFIED ALIENS

County eligibility workers must identify and track the following categories of aliens who are Not Qualified Aliens:

- Voluntary Departure (INA section 242(b))
- Deferred Action Status
- Orders of Supervision (INA section 242)
- Registry Aliens (INA section 249)
- Suspension of Deportation (INA section 244)
- In United States with Permission of INS
- Indefinite Stay of Deportation
- Indefinite Voluntary Departure
- Extended Voluntary Departure
- Stay of Deportation (INA 106)
- Immediate Relative Petition
- Applicant for Adjustment Status
- Lawful Temporary Resident
- Student Visa Holders
- Visitor Visa Holders
- Other Temporary Entry Document Holders
- Parolee (INA section 212(d)(5)) with a period of parole less than 1 year
- Undocumented

REMINDER: LPR aliens with expired documentation (green cards), are not considered to be "undocumented". County eligibility workers should follow primary and secondary Systematic Alien Verification for Entitlement (SAVE) procedures and continue to process these

**MEDI-CAL
NOTICE OF ACTION
DENIAL/ LOSS OF STATE PAYMENT OF
YOUR MEDICARE PART B BENEFITS
AS A QUALIFYING INDIVIDUAL (QI)**

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS UNDER ANOTHER
MEDI-CAL PROGRAM, THIS NOTICE DOES NOT AFFECT THOSE BENEFITS.

- _____ 1. The State can no longer pay your monthly Qualifying Individual-1 (QI-1), Medicare Part B premiums effective ____/____/____ because the State has used up its federal funds for that program.
- _____ 2. For the rest of the year, the State can no longer refund the Qualifying Individual-2 (QI-2) portion of the Medicare Part B premiums you pay each month effective ____/____/____ because the State has used up its federal funds for the QI-2 program at this time. If you are eligible for a QI-2 refund of the portion of the Part B premiums you previously paid this year, you will still receive a state refund check some time next year.
- _____ 3. The State is unable to pay your Medicare Part B premiums, or a portion of your premiums because of a projected shortage of federal funds for the QI-1 and QI-2 programs during _____ fiscal year.
this or/the next

IF YOU ARE STILL ELIGIBLE FOR THE QI PROGRAM, WE WILL KEEP YOUR NAME ON OUR PENDING FILE AND BEGIN/RESTORE YOUR BENEFITS AS SOON AS FUNDS ARE AVAILABLE. WE WILL SEND YOU ANOTHER NOTICE WHEN YOUR BENEFITS ARE BEING STARTED AGAIN.

If you applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

This notice is required by the Code of Regulation, Title 22, Section 50258.1.

NOTE: IF YOU DISAGREE WITH THIS NOTICE AND WANT TO APPEAL THIS DECISION, YOU MAY REQUEST A STATE HEARING BY FOLLOWING THE INSTRUCTIONS ON THE BACK OF THIS NOTICE.

Si Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado

applicants/beneficiaries in accordance with established procedures. The INS requests that holders of expired cards be urged to contact the nearest INS office to obtain information on how and where to apply for a new card.

QUALIFIED AND NOT QUALIFIED ALIEN TRACKING REQUIREMENTS

The codes currently used to track refugees have been changed and expanded (see attachment 1) so that all aliens can be identified by their alien INA classification.

In certain cases, it will be necessary to use two codes for identification. For this purpose, a new field, the Alien Eligibility Code field, has been added to MEDS. This field is applicable to aliens who have been battered or subjected to extreme cruelty, to aliens who are active duty or veterans of the United States Armed Services, and their spouses, and dependent children, and to certain Amerasian aliens.

Aliens Who Are Battered or Subjected to Extreme Cruelty

Some aliens who are battered or subjected to extreme cruelty will be considered Qualified aliens. Under federal law, a battered alien is considered to be a Qualified alien, if the alien meets one of the following conditions in 1, 2, or 3. **and all of the conditions in 4.**

1. The alien has been battered or subjected to extreme cruelty in the United States, by a spouse or a parent, or by a member of the spouse or parent's family residing in the same household as the alien, and the spouse or parent of the alien consented to, or acquiesced in, such battery or cruelty. **or**
2. The alien has a child who has been battered or subjected to extreme cruelty in the United States, by a spouse or a parent of the alien (without the active participation of the alien in the battery or cruelty), or by a member of the spouse's or parent's family residing in the same household as the alien, and the spouse or parent consented or acquiesced to such battery or cruelty. **or**
3. The alien child resides in the same household as a parent who has been battered or subjected to extreme cruelty in the United States by that parent's spouse or by a member of the spouse's family residing in the same household as the parent and the spouse consented or acquiesced to such battery or cruelty. **and**
4.
 - a. There is a substantial connection between such battery or cruelty and the need for the benefits to be provided, **and**
 - b. The alien has been approved or has a petition pending with INS which sets forth a prima facie case for:

- status as a spouse or child of a United States citizen pursuant to clause (ii), (iii), or (iv) of section 204(a)(1)(A) of the INA, **or**
 - classification pursuant to clause (ii) or (iii) of section 204(a)(1)(B) of the INA, **or**
 - suspension of deportation and adjustment of status pursuant to section 244(a)(3) of the INA, **or**
 - status as a spouse or child of a United States citizen pursuant to clause (I) of section 204(a)(1)(A) of the INA, or classification pursuant to clause (I) of section 204(a)(1)(B) of the INA, **and**
- c. There is a substantial connection between the battery or cruelty and the need for Medi-Cal, **and**
- d. The alien did not actively participate in the battery or cruelty, **and**
- e. For the period of time for which benefits are sought, the individual responsible for the battery or cruelty does not reside in the same household or family eligibility unit as the individual subjected to the battery or cruelty.

Acceptable verification of abuse or cruelty may include, but is not limited to: police, government agency, or court records or files; or documentation from a domestic violence program, legal, clerical, medical or other professional from whom the applicant or beneficiary has sought assistance in dealing with the abuse. If the alien is unable to provide any of the above verifications, the county may accept a statement from any other individual with knowledge of the circumstances that provide the basis for the claim, or physical evidence of abuse, or any other evidence that supports the applicant's/beneficiary's statement. All verification regarding battery or cruelty must be retained in the case file.

Aliens Who Are Active Duty or Honorably Discharged Veterans of the United States Armed Services, or spouse/unremarried widow(er), or unmarried dependent child

A Qualified alien who is on active duty in, or an honorably discharged veteran of, the U.S. Armed Services, or the unremarried surviving spouse, or unmarried dependent child of such an individual, will not be tracked by his/her alien INA classification of Lawful Permanent Resident (LPR), but will instead be tracked as Active Duty/Veteran, et. al. **It is extremely important that this group of aliens be identified separately from other LPRs**, because California can claim FFP for full-scope Medi-Cal for this group of aliens.

In order to correctly determine whether an alien is in the category of Active Duty/Veteran Qualified alien, the county must determine that the alien is an active duty member of the U.S. Armed Forces, or an honorably discharged veteran, or the spouse, unremarried surviving spouse,

or unmarried dependent child of an active duty member or honorably discharged member of the Armed Forces. Copies of all documentation regarding military status must be retained in the case file.

Acceptable documentation of honorable discharge or active duty status include the following documents:

- An original, or notarized copy, of the alien's current orders showing the individual is on full-time duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard (full-time National Guard duty is excluded), or an original military identification (DD Form 2 (active));
- An original Military identification (DD Form 1173) verifying the alien is the dependent spouse or unmarried dependent child/stepchild of an active duty member of the Armed Services;
- An original, or notarized copy, of the veteran's discharge papers issued by the branch of service in which the alien or spouse was a member. Separation From Active Duty (DD Form 214), or other separation from service document if veteran was discharged prior to January 1, 1950. Documentation must state that the veteran was honorably discharged from active service;
- A CA5 returned from the Veterans Affairs office verifying the veteran's honorable discharge from active service;
- Other documentation acceptable under Department of Defense or Veterans Affairs guidelines.

Amerasian Aliens

Aliens designated by the INS as Amerasian can immigrate to the U.S. under several INA immigration classifications. Many enter as refugees under INA section 207, or as LPR aliens. Others may have entered the country with temporary documentation and have subsequently petitioned the INS to remain in the U.S. It is important that eligibility workers review the documentation presented by Amerasians applying for or receiving Medi-Cal benefits in order to correctly identify and track these persons.

example 1: An Amerasian alien enters the U.S. as an LPR. The alien would be coded with a "K" in the "refugee/alien indicator" field to indicate the LPR status, and an "8" in the "alien eligibility code" field to indicate that they are Amerasian. (see attachment 1)

example 2: An Amerasian enters the U.S. as a refugee (INS documentation stamped "refugee INA section 207"). The alien would be coded with an "E", (see attachment 1), in the "refugee/alien indicator" field.

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example 3: An Amerasian alien enters the U.S. with a student Visa. The alien petitions the INS to remain in the U.S. The eligibility worker would need to closely review the Amerasian alien's INS documentation to determine the INA status of the alien and the code (see attachment 1) which correctly reflects that status, i.e., "V", "S", etc.

Aged Aliens Not Eligible for Medicare

Aged aliens that are not eligible for the Medicare Buy-In will no longer be coded with a "9" in the "Refugee/Alien Indicator" field on MEDS. Counties will code these aliens by their INA classification. Counties shall continue to follow California Code of Regulations, Title 22, Section 50777 regarding the requirement to apply for Medicare. MEDS will track the five-year residency requirement for Medicare and Buy-In eligibility by "looking" at the alien's INS date of entry and date of birth. An INS date of entry, birth date, and an alien indicator code must be reported to MEDS in order for MEDS to correctly track Medicare Buy-In eligibility.

Aliens receiving benefits under any Medi-Cal program, e.g., Medically Needy, Medically Indigent, Continuing Medi-Cal, Special Treatment, Pickle, Income Disregard, et al., must be identified and tracked.

MEDS SYSTEM CHANGES

The requirements for tracking refugees have not changed. Only the codes have changed.

The MEDS Network User Manual pages have been updated to include the expanded codes for the Refugee/Alien Indicator (**Data Element 2009**) and to provide MEDS users with necessary information regarding the new Alien Eligibility Code (**Data Element 2033**). The Alien Eligibility Code and expanded Refugee/Alien Indicator can be found on the MEDS "INQO" screen. Another new field being reported on the SDX, Alien Sponsor Status (**Data Element 2034**), will also be displayed on the "INQO" screen, but is not available for county use at this time. The expanded Refugee/Alien Indicator codes, and the Alien Eligibility Code field will be available for use on MEDS effective December 1, 1997.

Copies of the updated User Manual pages (attachments 2, 3, 4, and 5), are enclosed with this ACWDL. Additionally, data element 2009 has been renamed from "REFUGEE/ALIEN" to "REF/ALIEN-IND."

The following MEDS screens have been modified to include the new data elements 2033

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
Page 7

and 2034: INQO, EW05, EW15, EW20, and EW30.

The following MEDS screens have been modified to reflect the renamed "REF/ALIEN-IND" field: INQO, INQP, EW05, EW15, EW20, EW30, EW34, EW50, EW55, BI30, and BI35.

Examples of the modified MEDS screens are included with this ACWDL. (attachment 6)

EFFECTIVE DATE

It is the expectation of the Department of Health Services (Department) that county systems will be changed to accommodate the new "refugee/alien indicator" and "alien eligibility" codes, and that training for staff will occur no later than December 1, 1997.

Application

Effective December 1, 1997, county eligibility workers shall begin using the new identification and tracking codes when approving Medi-Cal benefits for refugees and aliens.

Redetermination

Effective December 1, 1997, an identification and tracking code must be placed in the appropriate data field for all aliens currently receiving Medi-Cal benefits, no later than their annual redetermination. However, when possible, counties are urged to identify and track aliens as quickly as possible, i.e., Status Report processing, change of address, add-on, etc., and not wait until the annual redetermination.

MEDS REPORT

Counties who have been reporting the Alien Registration Number to MEDS can request a MEDS report to assist them in identifying aliens currently receiving Medi-Cal. The report will include individuals by case name, person name, county worker number, and alien registration number and the numeric code currently reported in the "refugee/alien indicator" field. A request for a report can be sent via TAO to Linda.Rahmeyer at the Department of Health Services, Medi-Cal Eligibility Branch.

If you have any further questions regarding this letter, please contact the appropriate analyst listed below:

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
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Qualified aliens, including
active duty/veterans et. al.,
and battered aliens

Linda Rahmeyer

(916) 657-0398

Not Qualified aliens

Elizabeth Chavis

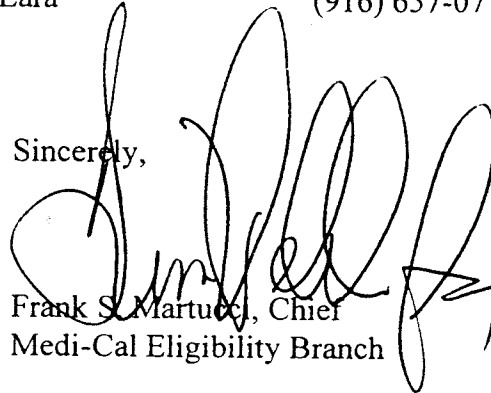
(916) 657-4859

Refugee aliens

Elena Lara

(916) 657-0712

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Frank S. Martucci', is written over the typed name and title.

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachments

QUALIFIED / NOT QUALIFIED/ REFUGEE ALIEN TRACKING

ALIEN CLASSIFICATION	CURRENT CODES	NEW CODES EFFECTIVE 12/1/97	
		Refugee/Alien Indicator	Alien Eligibility Code
Battered / Subjected to extreme cruelty (that meet the conditions necessary to be considered a Qualified alien)		K, D, or S	9*
Active Duty/Veteran or spouse/dependent child	0 or 9	K	active duty/veteran 4 5 6
Amerasian Lawful Permanent Resident (LPR)	7	K	8**
Other Lawful Permanent Resident (LPR) <u>not</u> active duty/veteran or spouse/child, or Amerasian	0 or 9	K	
Deportation Withheld admitted under INA section 243(h) or INA section 241(b)(3)	0 or 9	D	
Conditional Entrant admitted under INA section 203(a)(7)	7	C	
Kurdish/Iraqi Asylee admitted under INA section 208 date of entry is date asylum was granted	7	Z	
Other Asylee admitted under INA section 208 and <u>not</u> Kurdish/Iraqi date of entry is date asylee entered the U.S.	7	L	
Indochinese Refugee admitted under INA section 207 and <u>not</u> Amerasian Refugee	1	X	
Amerasian Refugee admitted under INA section 207 and <u>not</u> Indochinese Refugee	7	E	
Other Refugee admitted under INA section 207 and <u>not</u> Indochinese Refugee or Amerasian Refugee	7	R	
Cuban/Haitian Entrant	8	8	
Citizen Child of Refugee	5	5	
Parolee admitted under INA section 212(d)(5) w/ period of parole <u>over</u> 1 year	7	W	
Parolee admitted under INA section 212(d)(5) period of parole <u>less than</u> one year	7	Y	
Other Aliens *** <u>not</u> a temporary Visa holder	0 or 9	S	
Visitor /Student /VISA and other aliens with temporary documentation	0 or 9	V	
Undocumented aliens	0 or 9	U	

* an entry of 9 should not be reported if the alien can be coded with a 4, 5, 6 or 8 in the alien eligibility code field

** an entry of 8 should not be reported if the alien can be coded with a 4, 5, or 6

*** Other aliens, defined for identification and tracking purposes only, include aliens verified by INS through G-845 process as:

Voluntary Departure (INA section 242(b))	Deferred Action Status,	Stay of Deportation (INA 106),
Order of Supervision (INA section 242)	Indefinite Voluntary Departure,	Immediate Relative Petition,
Registry Alien (INA section 249),	Extended Voluntary Departure,	

Application for Adjustment Status,
Lawful Temporary resident

MEDS NETWORK
USER MANUAL

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APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2009

MEDS NETWORK NAME: REF/ALIEN-IND

NARRATIVE NAME: Refugee/Alien Indicator

AKA NAMES: Refugee/Alien, SDX Alien Status, Alien Indicator, INDOCD, Alien Status Code

SOURCE: County, SDX

LENGTH: 1

DEFINITION:

This code indicates whether an individual is a refugee, in a special alien status category or is a U.S. citizen. The information is used for the Refugee and Qualified and Not Qualified Alien Tracking Systems.

VALUES:

- A Proven U.S. citizen
- B Alleged U.S. citizen
- C Conditional Entrant admitted under INA section 203(a)(7)
- D Deportation Withheld admitted under INA section 243(h) or 241(b)(3)
- E Amerasian Refugee admitted under INA section 207
- F** Refugee admitted under INA Section 207 or 203(a)(7)
- G** Parolee admitted under INA section 212 (d)(5)
- H** Silva vs Levi alien
- K Lawful permanent resident (LPR)
- L Asylee admitted under INA section 208, *but not Kurdish or Iraqi Asylee*
- M** Resident of the Northern Mariana Islands
- N** Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)
- P** Pre-January 1, 1972 alien (presumed lawfully admitted for permanent residence)
- Q** Alleged born in the U.S. -- allegation corroborated by a U.S. place of birth shown on the on-line Numident
- R Other Refugee admitted under INA section 207 *but not Ameriasian or Indochinese refugee*
- S Other Aliens (not a temporary visa holder)
- U Undocumented Alien
- V Visitor / Student / VISA and other aliens with temporary documentation
- W Parolee admitted under INA section 212 (d)(5) with a period of parole over one year
- X Indochinese Refugee admitted under INA section 207

REVISION NUMBER: 14

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APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2009

Y	Parolee admitted under INA section 212 (d)(5) with a period of parole <u>less than</u> one year
Z	Kurdish or Iraqi Asylee admitted under INA section 208
0*	Other Alien (<i>not 1, 5, 7, 8 or 9</i>)
1*	Indochinese Refugee admitted under INA section 207
5	Citizen Child Born to Refugee Parent(s)
7*	Other Refugee
8	Cuban / Haitian Entrant
9*	Aged Alien -- Medicare ineligible alien and not 1, 7 or 8

* Values are being obsoleted

** Values are from SDX input only

SPECIAL CONSIDERATIONS:

The values 5, 8, C, E, L, R, X, and Z are to be used by counties to identify time-eligible refugees, non-time eligible refugees and citizen children born to refugee parents so that DHS can obtain 100 percent federal reimbursement for their expenses under the Medi-Cal program, and DSS can obtain 100 percent federal reimbursement for Refugee Cash Assistance, funding for Refugee Employment Services, and Targeted Assistance.

The values of D, K, S, V, W, and Y are to be used to identify Qualified and Not Qualified Aliens. The value K will require an entry in the alien eligibility code field **when** the LPR is active duty/veteran or the spouse/child of active duty/veteran or is an Amerasian admitted as an LPR.

The values A, B, and U are optional for counties. Because of the continued availability of enhanced funding, refugee values should not be changed if a refugee subsequently becomes a U.S. citizen.

The values F, G, H, M, N, P and Q are valid only when reported for SSI/SSP recipients via the SDX update files and will not be accepted on county transactions. SDX values will not overlay existing MEDS values when the existing MEDS value has more information (e.g., SDX value G will not overlay a county value W).

The value F is used by SDX for refugee status Sections 207 or 203 (a)(7) of the INA. If counties see an F, they will need to reevaluate the alien's documentation and enter the appropriate refugee/alien indicator. The value G is used by SDX to identify a Parolee. If Counties see a G they will need to reevaluate the alien's documentation to determine if the Parolee is admitted to the United States with a period of parole of under one year or over one year, and enter the correct value.

If Refugee/Alien information is reported erroneously for a recipient, it is removed by following the standard MEDS convention for deleting incorrect data: i.e., entry of an * (asterisk) for online and

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2009

entry of the data element followed by an equal sign and a comma (2009=,) for batch. Deletion of the Refugee/Alien Indicator will also delete the INS Entry Date and the Alien Eligibility Code from MEDS.

When either a refugee aid code or a refugee alien indicator other than A, B, U, 5 or 0 is reported to MEDS the INS entry date must also be reported if it is not already present on MEDS. Additionally, if the Alien registration number is known it should be reported.

Counties will need to begin using the new codes can December 1, 1997. Applicants will be coded with the new values when counties process the application. Beneficiaries will need to be reviewed and have their values changed (if necessary) at annual redetermination. Only citizen children of refugees and Cuban/Haitian entrants can remain in their current codes.

The values 0, 1, 7, and 9 will be obsoleted December 1998. The value 0 had been requested by counties to identify aliens who did not fall into any other categories. Since the values have been expanded and changed, the new values will accommodate the various groups of aliens previously reported using 0. Counties requested a full set of new values so they could easily tell whether or not a client's refugee/alien status had been reevaluated. The values 1 and 7 have previously been used to identify Conditional Entrants, Asylees, Indochinese and other Refugees, Parolees, and Amerasians. These various groups of aliens have now been given more specific indicators in order to identify them for the refugee DED NO. 2009 program and as Qualified and Not Qualified Aliens. The value 9 was previously used to identify aliens who were over 65 but not eligible for Medicare because they had not met their five-year residency requirement. The Medicare Buy-In unit is able to continue to suppress the potential Medicare Buy In alert message issued by MEDS renewal by using the date of entry of the alien and the date of birth.

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2033

MEDS NETWORK NAME: ALIEN-ELIG-CODE

NARRATIVE NAME: Alien Eligibility Code

AKA NAMES:

SOURCE: County, SDX

LENGTH: 1.

DEFINITION:

The Alien Eligibility Code is used by SSA and the counties to identify those aliens who may be affected by the requirements in the Welfare Reform Act of August 1996.

VALUES:

- 1* Refugee admitted under section 207 of the Immigration and Naturalization Act(INA).
- 2* Deportation Withheld under section 243(h) or 241(b)(3) of the INA.
- 3* Lawful Permanent Residence (LPR) with 40 work quarters.
- 4 LPR Alien on active duty in the military or an honorable discharged veteran.
- 5 LPR spouse or unremarried surviving spouse of active duty military/veteran.
- 6 LPR dependent child of active duty military/veteran.
- 8 Amerasian *admitted to the U.S. as a Lawful Permanent Resident*
- 9 Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien.

SPECIAL CONSIDERATIONS:

* These values are SDX input only and will not be accepted on a county transaction.

The values 4, 5, 6 and 8 are only valid when sent with a refugee/alien indicator code of K on a county transaction. An LPR who is an Amerasian and meets the military criteria should be coded as a 4, 5 or 6 rather than an 8. Values 4, 5, or 6 may appear with a value other than K on an SSI/SSP client; if a SSI client with this coding becomes a county client, the county will need to reevaluate the refugee/alien indicator and alien eligibility code to determine what the appropriate coding should be.

The value 9 is valid when sent with any refugee/alien indicator code, however, it is specifically intended to be used with refugee/alien indicator code of K, D or S. EXCEPTION: K with a value of 4, 5, 6 or 8 should never be changed to a value of 9.

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APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2034

MEDS NETWORK NAME: ALIEN-SPONSOR-STAT

NARRATIVE NAME: Alien Sponsor Status

AKA NAMES:

SOURCE: SDX

LENGTH: 1

DEFINITION: This code identifies the status of an alien with regard to sponsor(s) and deeming requirements.

VALUES:

- A No sponsor or the 3 year deeming period has ended
- B Sponsor legally exempt from deeming (institution, church, etc.)
- C Sponsor liable for support. Sponsor has no other status, so deeming from sponsor only.
- D Sponsor liable for support. Sponsor also has status as regular deemer, so regular deeming (spouse-to-spouse or parent-to-child) applies.
- E Sponsor liable for support. SSR has regular deemer plus the sponsor, so deeming occurs from both the regular deemer (parent/spouse) and the sponsor.
- F Same as C, but with the addition that the sponsor has a spouse.
- G Same as D, except sponsors are specifically identified as parents of the alien, and both parents (sponsor and sponsor's spouse) are liable for deeming.
- H Same as E, except sponsor has a spouse, i.e., deeming has been considered from at least three potential sources: the sponsor, the sponsor's spouse, and the regular deemer on the SSR (alien's ineligible spouse or parent).
- J Multiple legal sponsors exist. One or more of the sponsors may have status as a regular deemer on the SSR, or one or more of the sponsors may also have a spouse whose income is deemable.
- L Spouse is liable for support, however, recipient's disability onset date is later than his/her date of U.S. entry, therefore, exemption applies. No sponsor-to-alien deeming.
- M Sponsor liable for support. Sponsor does not have other status on the alien's SSR, so deeming occurs only from the sponsor. A new affidavit of support is in effect.
- N Sponsor liable for support. Sponsor also has status as regular deemer on the alien's SSR, however, sponsor-to-alien deeming rules apply since a new affidavit of support is in effect.

REVISION NUMBER:

REVISION DATE: 09/18/97

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APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2034

- O Sponsor liable for support. SSR contains a regular deemer plus the sponsor (sponsor is not the regular deemer) and deeming occurs from both the sponsor and the regular deemer (spouse/parent). New affidavit of support is in effect.
- P Same as M, with the addition that the sponsor has a spouse.
- Q Same as N, with the addition that the sponsor has a spouse, and the sponsors are specifically identified as parents of the alien, and both parents (sponsor and sponsor's spouse) are liable for deeming.
- R Same as O, with the addition that the sponsor has a spouse. Therefore, deeming is considered from three potential sources: the sponsor, the sponsor's spouse, and the regular deemer on the SSR (alien's ineligible spouse or parent).
- S Multiple legal sponsors exist. One or more may have other status as a regular deemer on the SSR, or one or more of the sponsors may have a spouse whose income is also deemable. A new affidavit of support is in effect.
- T Sponsor no longer liable, e.g. sponsor is deceased.
- U Unknown; systems-generated prior to the advent of sponsor-to-alien deeming. Cannot be input by Field Office.
- V New affidavit of support is in effect and deeming terminated because alien has acquired 40 work credits.

SPECIAL CONSIDERATIONS:

Alien Sponsor Status codes A, C-H, J and L apply to aliens for whom the sponsor(s) signed the old affidavit of support. Regular deeming rules (spouse-to-spouse or parent-to-child) supersede sponsor-to-alien deeming if the sponsor is also a regular deemer on the alien's record.

Alien Sponsor Status codes M-S and V apply to aliens for whom the sponsor(s) signed the new affidavit of support. Sponsor-to-alien deeming rules apply regardless of the sponsor's status as a regular deemer on the alien's record.

Alien Sponsor Status codes B, T, and U can apply to both groups of aliens listed above.

REVISION NUMBER:

REVISION DATE: 09/18/97

APPENDIX II - DATA ELEMENT DICTIONARY

DED NO. 2005

MEDS NETWORK NAME: INS-ENTRY-MMY

NARRATIVE NAME: INS-ENTRY-DATE

AKA NAMES: Alien Date of Entry, Alien Date of Residence

SOURCE: County, SDX, Buy-In Unit

LENGTH: 4

DEFINITION:

This field identifies the reported date of entry into the United States or the month and year of residence in the United States. This field may be provided by counties, the Buy-In Unit, or by the SDX file when the SDX file identifies a recipient as an alien and there is either an alien date of residence or a date of application present on the SDX file. This information is used for the Refugee and Qualified/Not Qualified Alien Tracking System and for Buy-In.

VALUES:

Date in the format MMY where MM is month and YY is year.

SPECIAL CONSIDERATIONS:

An INS date of entry must be reported when the county reports a Refugee/Alien Indicator of C, D, E, K, L, R, S, V, W, X, Y, Z, 1, 7, 8 or 9. The value 5 will require a date of entry for citizen children born to a refugee when they are in a refugee aid codes. (see Medi-Cal Eligibility Procedures Manual Article 24)

The INS Entry Date must be entered for every Refugee/Alien. The information on the I-94 or I-551 should be sufficient for coding with the Refugee/Alien Indicator. The INS entry date for Qualified Refugee/Asylees is the date they entered the U.S. The only exception to this rule is for Kurdish and Iraqi Asylees whose entry date is the date asylum was granted. For all other Qualified Aliens the INS entry date is the date they entered the U.S., or the status adjustment date. For Not Qualified Aliens, the INS entry date is the date they entered the U.S.

If the SDX file identifies a recipient as an alien (see Ref/Alien-Ind) and there is an alien date of residence present on the SDX file, this field will contain that date. Note: If the SDX alien date of residence was input prior to 10/80, the SDX month would have defaulted to January 1980. If the SDX alien date of residence is prior to April 1975, MEDS post a 04/75 date in this field. If the SDX file identifies a recipient as an alien and there is no alien date of residence present on the SDX file, MEDS will post the SDX date of application (which is the most recent SDX application date) in this field.

If the Refugee/Alien information is reported erroneously for a recipient, the INS entry date is removed by MEDS when the County requests deletion of the Refugee/Alien Indicator.

DEPARTMENT OF HEALTH SERVICES
DATA SYSTEMS BRANCH
PROGRAM SPECIFICATIONS

STATE OF CALIFORNIA

PROGRAM
REVISION
DATE

REFUGEE TRACKING
MODIFICATION
10/06/97

Section 3. MEDS Screen modifications.

MEDS Inquiry Screens

INQO Screen

```

INQO                ** OTHER MISCELLANEOUS INFORMATION **                HZR - 08/28/97

MEDS-ID XXX-XX-XXXX  NAME XXXXXXXXX , XXXXX                BIRTHDATE XX-XX-XXXX
CA-DL/ID-NO          CLIENT-INDEX-NO XXXXXXXXXX X          ALIEN-NO
PHONE
ETHNIC N             LANGUAGE 7                AUTH-REP-NAME
SSN-VER-BIRTHDATE XX-XX-XXXX                AUTH-REP-ADDR
DEATH-POSTED
EXPECTED-DELIVERY-DATE                ELIG-APPROVAL-DATE
REF/ALIEN-IND                ALIEN-ELIG                SSI-LAST-RECEIVED
INS-ENTRY-MMY           ALIEN-SPONSOR-STAT                PICKLE-TICKLER
COUNTRY-OF-ORIGIN                LAST-PICKLE-CHG
LAST-MC/CP-CHG 08-22-97          LAST-FS-CHG                LAST-OTHER-CHG 02-26-94
LAST-MC/CP-TRANS                LAST-FS-TRANS                LAST-OTHER-TRANS
FILE-DATE                CARD-ISSUE-DATE 08-01-94          PAPER-CARD-DATE

PGM-ELIG:  MC/CP C H   SP1                SP2                FS                AFDC
              1997=====> 1996=====>
              09-97 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
ORIG-AID      14              14   14   14   14   14   14   14   14   14   14   14
NEG-ACTN
MULTI-SOC

OPTION  <  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
  
```

COUNTRY-OF-ORIGIN - Relocation on INQO Screen

PICKLE-TICKLER - Relocation on INQO Screen

INS-ENTRY-MMY - Relocation on INQO Screen

LAST-PICKLE-CHG - Relocation on INQO Screen

REF/ALIEN-IND - Relocation and new codes (see attached Data Element page for MEDS Data Element 2009)

SSI-LAST-RECEIVED - Relocation on INQO Screen

ALIEN-ELIG - New Data Element (see attached Data Element page for MEDS Data Element 2033)

ALIEN-SPONSOR-STAT - New Data Element. This data element will be for display only at this time.

DEPARTMENT OF HEALTH SERVICES
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INQP Screen

```

INQP      ** PENDING/DENIED APPLICATIONS & APPEALS **      HZR - 09/18/97

MEDS-ID XXX-XX-XXXX  SSN-VER 6      GOVT-RESP 1      XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX
BIRTHDATE XX-XX-XXXX  SEX F  ALIEN-NO
CHAINED-ID              LAST-MC/CP-CHG 08-22-97  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PRIOR-MEDS-ID           LAST-OTH-CHG 06-25-97  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
LANGUAGE 1      ETHNIC 2      INS-ENTRY-MMY      ADDRESS-FLAG 0
DEATH-DT              DEATH-CD      REF/ALIEN-IND      PHONE
CA-DL/ID-NO              CLIENT-INDEX-NO 97126812D 8      HIC-NO
PGM-ELIG: MC/CP C H      SP1              SP2              FS              AFDC

===== COUNTY AND PE APPLICATION INFORMATION =====
CASE-NAME              DISTRICT              EW-CODE
COUNTY-ID
APPLICATION-DATE              DENIAL-DATE              DENIAL-REAS
EXPECTED-DELIVERY-DATE              FAMILY-SIZE              TOTAL-INCOME

===== SSI DENIAL INFORMATION =====
DENIAL-DATE              DENIAL-REAS              LAST-SDX-CHG

===== APPEAL AND NOA INFORMATION =====
APPEAL-DATE              APPEAL-FLAG              APPEAL-LEVEL
NOA-DATE              NOA-TYPE
OPTION __ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST

```

Changed REFUGEE/ALIEN to REF/ALIEN-IND

DEPARTMENT OF HEALTH SERVICES
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MEDS INPUT SCREENS

EW05 Screen

EW05		** TRANSFER COUNTY OF RESPONSIBILITY **		HZR - 09/10/97	
CASE-NAME		DISTRICT		EW-CODE	
COUNTY-ID: PER-MEDS	ALTERNATE				
MEDS-ID	BIRTHDATE	NEW-BIRTHDATE *****			
NAME: LAST	FIRST	INITIAL			
SEX	ETHNIC	LANGUAGE			
SSN-VER	CA-DL/ID-NO	HIC-NO			
ADDRESS: C/O					
STREET					
CITY	STATE	ZIP-CODE			
PHONE ()	COUNTRY-OF-ORIGIN	ALIEN-NO			
EFFECTIVE-DATE	TERM-DATE	TERM-REAS			
ESAC	REDETERM-MONTH	%OBLIG **			
SOC-AMOUNT	LTC-IND	SOC-FBU			
MEDS-OHC *	RESTRICTION	ORIG-AID			
NEW-OHC	REF/ALIEN-IND	INS-ENTRY-MMY			
ELIG-APPROVAL-DATE	CARD-REQUEST-REASON	ALIEN-ELIG			
MFG *					
ALIAS/SSA-NAME: LAST	FIRST	INITIAL		CODE	
NEXT-TRANS ****	SAME-PERSON *	SAME-CASE *			

Added ALIEN-ELIG and MFG

Changed REFUGEE/ALIEN to REF/ALIEN-IND

Removed blank line between SSN-VER and ADDRESS

DEPARTMENT OF HEALTH SERVICES
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EW15 Screen

EW15

** REPORT IMMEDIATE NEED ELIGIBILITY **

HZR - 09/10/97

CASE-NAME	DISTRICT	EW-CODE
COUNTY-ID-PER-MEDS		
MEDS-ID	BIRTHDATE	NEW-BIRTHDATE
NAME: LAST	FIRST	INITIAL
SEX	CA-DL/ID-NO	HIC-NO
NEW-COUNTY-ID: AID-CODE	SERIAL	PERSON-NO
	FBU	
ESAC	NEG-ACTION *	%-OBLIG
SOC-AMOUNT	LTC-IND	SOC-FBU
MEDS-OHC	RESTRICTION	ORIG-AID
NEW-OHC	REF/ALIEN-IND	INS-ENTRY-MMY
ALIEN-NO	ALIEN-ELIG	CERT-DAY
VALID-MMY	CARD-ISSUE-SITE	CARD-REQUEST-REASON
ADDRESS: C/O		
STREET		
CITY	STATE	ZIP-CODE
NEXT-TRANS ****	SAME-PERSON *	SAME-CASE *

Added ALIEN-ELIG

Changed REFUGEE/ALIEN to REF/ALIEN-IND

DEPARTMENT OF HEALTH SERVICES
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EW20 Screen

EW20		** ADD NEW CLIENT RECORD **		HZR - 09/10/97	
CASE-NAME	DISTRICT	EW-CODE			
COUNTY-ID: PER-MEDS	ALTERNATE				
MEDS-ID	BIRTHDATE	NEW-BIRTHDATE *****			
NAME: LAST	FIRST	INITIAL			
SEX	ETHNIC	LANGUAGE			
SSN-VER	CA-DL/ID-NO	HIC-NO			
ADDRESS: C/O					
STREET					
CITY	STATE	ZIP-CODE			
PHONE ()	COUNTRY-OF-ORIGIN	ALIEN-NO			
EFFECTIVE-DATE	TERM-DATE	TERM-REAS			
ESAC	REDETERM-MONTH	% - OBLIG			
SOC-AMOUNT	LTC-IND	SOC-FBU			
MEDS-OHC *	RESTRICTION	ORIG-AID			
NEW-OHC	REF/ALIEN-IND	INS-ENTRY-MMY			
ELIG-APPROVAL-DATE	CARD-REQUEST-REASON	ALIEN-ELIG			
MFG *F	APPLICATION-DATE	RETRO			
ALIAS/SSA-NAME: LAST	FIRST	INITIAL CODE			
NEXT-TRANS	SAME-PERSON *	SAME-CASE *			

Added ALIEN-ELIG

Added MFG

Moved APPLICATION-DATE and RETRO down one line

Moved CARD-REQUEST-REASON to same line as ELIG-APPROVAL-DATE for easy of data entry

Changed REFUGEE/ALIEN to REF/ALIEN-IND

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EW30 Screen

EW30		** MODIFY CURRENT/FUTURE **		HZR - 09/10/97	
CASE-NAME	DISTRICT	EW-CODE			
COUNTY-ID: PER-MEDS		NEW **			
MEDS-ID	BIRTHDATE	NEW-BIRTHDATE			
NAME: LAST	FIRST	INITIAL			
SEX	ETHNIC	LANGUAGE			
SSN-VER	CA-DL/ID-NO	HIC-NO			
ADDRESS: C/O		ADDRESS-FLAG			
STREET					
CITY	STATE	ZIP-CODE			
PHONE ()	COUNTRY-OF-ORIGIN	ALIEN-NO			
EFFECTIVE-DATE	TERM-DATE	TERM-REAS			
ESAC	REDETERM-MONTH	% - OBLIG			
SOC-AMOUNT	LTC-IND	SOC-FBU			
MEDS-OHC *	RESTRICTION	ORIG-AID			
NEW-OHC	REF/ALIEN-IND	INS-ENTRY-MMY			
ELIG-APPROVAL-DATE	CARD-REQUEST-REASON	ALIEN-ELIG			
MFG * F	RECOVERY				
ALIAS/SSA-NAME: LAST	FIRST	INITIAL		CODE	
NEXT-TRANS *****	SAME-PERSON *	SAME-CASE *			

Added ALIEN-ELIG

Added MFG

Changed REFUGEE/ALIEN to REF/ALIEN-IND

Moved fields in all three columns below PHONE, COUNTRY-OF-ORIGIN and ALIEN-NO to be consistent with the EW20 screen

Removed APPLICATION-DATE and RETRO, no longer needed on EW30

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EW34 Screen

EW34		** MODIFY APPLICANT/APEAL INFORMATION **		HZR - 09/18/97	
CASE-NAME		DISTRICT		EW-CODE	
COUNTY-ID: PER-MEDS				NEW	
MEDS-ID		BIRTHDATE		NEW-BIRTHDATE	
NAME: LAST		FIRST		INITIAL	
SSN-VER		SEX		LANGUAGE	
CA-DL/ID-NO *****		ETHNIC		ALIEN-NO *****	
		HIC-NO			
ADDRESS: LINE-1					
LINE-2					
CITY/ST		STATE		ZIP-CODE	
PHONE ()		REF/ALIEN-IND		INS-ENTRY-DATE	
APPLICATION-DATE					
DENIAL-DATE		DENIAL-REASON		NOA-DATE	
APPEAL-DATE *****		APPEAL-FLAG *		APPEAL-LEVEL *	
NEXT-TRANS ****		SAME-PERSON *		SAME-CASE *	

Changed REFUGEE/ALIEN to REF/ALIEN-IND

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EW50 Screen

EW50 ** ELIGIBILITY OVER 12 MONTHS PRIOR ** HZR - 09/18/9

CASE-NAME	DISTRICT	EW-CODE
COUNTY-ID-PER-MEDS		
MEDS-ID	BIRTHDATE	NEW BIRTHDATE
NAME: LAST	FIRST	INITIAL
SEX	CA-DL/ID-NO	HIC-NO
ESAC		%-OBLIG
SOC-AMOUNT	LTC-IND	SOC-FBU
MEDS-OHC *	RESTRICTION	ORIG-AID
NEW-OHC	REF/ALIEN-IND	INS-ENTRY-MMY
		CERT-DAY
VALID-MMY	CARD-ISSUE-SITE	CARD-REQUEST-REASON
NEXT-TRANS ****	SAME-PERSON *	SAME-CASE

Changed REFUGEE/ALIEN to REF/ALIEN-IND

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EW55 Screen

EW55		** SSI/SSP MODIFY/ID CARD REQUEST **		HZR - 09/10/97	
CASE-NAME		DISTRICT		EW-CODE	
COUNTY-ID-PER-MEDS					
MEDS-ID		BIRTHDATE		NEW-BIRTHDATE	
NAME: LAST		FIRST		INITIAL	
SEX		CA-DL/ID-NO			
ADDRESS: C/O					
STREET					
CITY		STATE		ZIP-CODE	
PHONE ()					
MEDS-OHC		NEW-OHC			
REF/ALIEN-IND		INS-ENTRY-MMY		ALIEN-NO	
NEW-COUNTY					
VALID-MMY		CARD-ISSUE-SITE		CARD-REQUEST-REASON	
NEXT-TRANS ****		SAME-PERSON *		SAME-CASE *	

Changed REFUGEE/ALIEN to REF/ALIEN-IND

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BI30 Screen

BI30		** MEDICARE PART B BUY-IN INQUIRY/UPDATE **		HZR - 10/06/97								
COUNTY-ID XX XX XXXXXXXX X XX	HIC-SOURCE 3	XXXXXXXXXX	, XXXXX X									
MEDS-ID XXXXXXXXXX	HIC-NO XXXXXXXXXX	NEW-HIC-NO										
BIRTHDATE XXXXXXXX	TERM-DT - -	DEATH-DT - -										
BUY-IN NAME	BUY-IN-DOB	DOME-DT	BENDEX									
PRIOR BUY-IN-STATUS 61	MN-APPR-DT	DEEMED-CASH-IND										
CUR-BUY-IN STATUS 1161	BUY-IN-EFF-DT 1294	CUR-BUY-IN-ELIG P										
INS-ENTRY-DT	REF/ALIEN-IND	LAST-MC-CHG-DT 10-24-95										
PGM-ELIG: MC/CP C H	SP1 (MEDICR) C H	SP2 ()	FS	AFDC								
REJECT-FLAG	1997=====> 1996=====>											
10-97 PEND	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
COUNTY 16	16	16	16	16	16	16	16	16	16	16	16	16
AID-CODE 67	67	67	67	67	67	67	67	67	67	64	64	64
ELIG-STAT 501	301	301	301	301	301	301	301	301	301	001	001	001
MEDICARE 32	32	32	32	32	32	32	32	32	32	32	32	32
TRANS-CD	SUB-CD	EFFECT-DT	PROCESS-DT	+-----+ MANUAL TRANSACTION +-----+								
99		1095	1095	+-----+								
1161		1294	1294	+-----+ TRANS-CODE EFFECTIVE-DT ENDING-DT +-----+								
61		1294	1194									

Changed REFUGEE/ALIEN to REF/ALIEN-IND

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BI35 ** MEDICARE PART A BUY-IN INQUIRY/UPDATE ** HZR - 09/10/97

Changed REFUGEE/ALIEN to REF/ALIEN-IND